Welcome to Holywell Ward



Student Information Pack

Important Information

Name of placement: Holywell Ward

Directorate: Surgical

Direct Telephone Numbers: 01246 512383 / 512384

Shift Patterns: Mornings 07:00-14:30

Afternoons 13:30-21:00

Middle Shift 11:30-19:00

Long Day 07:30-21:00

Important Email addresses:

Matron

Jane Bolton - jane.bolton@nhs.net

Sister

Karen Stevenson – <u>Karen.stevenson5@nhs.net</u>

Learning Environment Managers (LEM)

Shelley Butler – shelley.butler@nhs.net

Jeniffa Swann – jeniffaswann@nhs.net

Holywell Ward Staff

Matron

Jane Bolton

Sister

Karen Stevenson

Staff Nurses

Shelley Butler Bonnie Richards

Katie Dawson Caroline Wilson

Nicky Payne John Walker

Susan Maiden Nina Holmewood

Catherine Myerscough Jeniffa Swann

Lianna Taylor Jackie Watkinson

Ward Practitioners

Gemma Browes Glynis Burrell

Jane Furniss Amanda Rose

Assistant Practitioner

Karen Stone

Health Care Assistants

Dinah Law Megan Oakley

Carol Field Jane Hall

Denise Wilkes Angela Ounsley

House Keeper Receptionist

Julie Frost Louise Nicholson

Sharn Jones Rachel Elliott

Holywell Ward Link Nurses

| <u>Name</u> | <u>Link/Role</u> |
|----------------------|-------------------------------|
| Shelley Butler | Learning Environment |
| Jeniffa Swann | Manager |
| | (LEM) |
| Jackie Watkinson | Pressure Ulcer Prevention |
| Sue Maiden | Champion |
| Gemma Browes | Key Movers |
| Glynis Burrell | |
| Catherine Myerscough | Infection Control Champions |
| Bonnie Richards | |
| Karen Stevenson | Dementia Champion |
| Nicky Payne | Health Promotion |
| | Drug and Alcohol Liasion |
| Jane Bolton | Privacy and Dignity & |
| Nina Holmewood | Learning Disability Champions |
| Gemma Browes | Blood Glucose and Pregnancy |
| | Machine Monitor |
| Carol Field | Autism Champion |

Holywell Day Surgery Suite Philosophy of Care

The staff in the day surgery suite are highly motivated individuals who will endeavour to support students and learners whilst respecting the patients dignity and individual needs at all times.

Staff will keep the patient up to date with their care on the day of surgery and ensure that all relevant information is given to the patient prior to their discharge home or transfer to another inpatient ward.

What We Expect From Students

- To be punctual, honest and reliable.
- ❖ To be dressed appropriately as per hospital dress code.
- ❖ To treat all patients with dignity and respect.
- To treat all patients in a non-discriminative manner respecting their individual beliefs.
- To become a valued member of the team.
- ❖ To maintain patient confidentiality.
- ❖ To participate and promote health and safety whilst in the workplace.
- ❖ To become actively involved in reporting incidents using the designated electronic system whenever required to do so.
- To provide a high standard of holistic care considering the patients physical, psychological, emotional and spiritual needs.
- ❖ Be responsible for identifying learning opportunities and strive to make the most of these.
- ❖ To research and read around key elements related to day surgery (see suggested list of key areas to read about in preparation for your placement and throughout).

<u>Procedures that you may be involved in and</u> <u>patients you may care for on Holywell Day Unit</u>

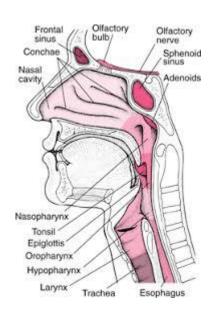
Ophthalmic surgery



- Phacoemulsification and Ozurdex Injection
- Plastic surgery of the eye area

ENT and Maxillofacial surgery

- Grommet insertion
- Septoplasty
- Sub-Mucosal diathermy
- Nasal polypectomy
- FESS-Functional endoscopic sinus surgery
- Coloblation and Paltoplasty
- Teeth extraction
- Oesophagoscopy
- Oesophageal Dilation
- Laryngoscopy
- Tonsillectomy



Orthopaedic Surgery

- Shoulder arthroscopy
- SLAP repair of shoulder (Superior Labrum Anterior to Posterior)
- Carpel Tunnel
- Cubital Tunnel elbow
- Trapezectomy
- Dupytrons Contractor
- Removal of Ganglions (hands and feet)
- Knee Arthroscopy
- Anterior CruciateLigament repair
- Manipulation of knee
- Chondroplasty
- Ankle arthroscopy
- Removal of metalwork from limbs
- Bunion repair
- Toe amputation
- Toe straightening
- Toe Nail removal



Pain Management

- Facet Joint/Sacroiliac Joint injections
- Nerve root injections
- Epidurals
- Amantadine infusions
- Diagnostic Modal Branch injection
- Radiofrequency ablation neurotomy



General Surgery

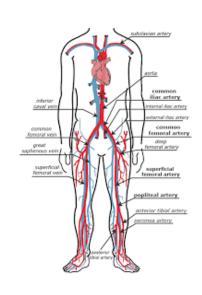


Breast Surgery

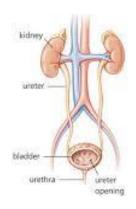
- Sentinel Node biopsy
- Wide local excision
- Mastectomy
- Nipple reconstruction
- Lipomodelling

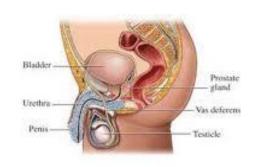
Vascular

- Angiogram
- Varicose Vein Stripping
- Vena Cava filter removal



Urology



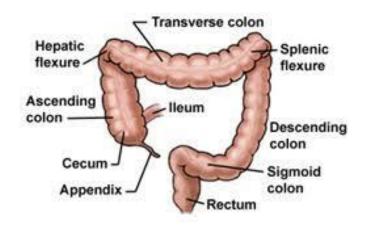


- Insertion of a suprapubic catheter
- Vasectomy
- Circumcision
- Testicular embulisation
- Nesbit's Procedure
- Trans Vaginal Tape

- Frenuloplasty
- Trans Urethral
 Resection of Tumour
- Ureteroscopy
- Cystoscopy
- Cystodilatation

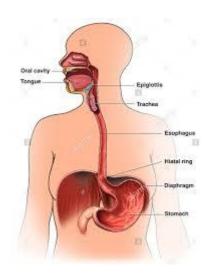
Colorectal

- Inguinal Hernia repairs
- Haemorrhoidectomy
- Botox
- Laying open of Fistula
- Skin tag removal



Upper GI

- Laparoscopic Cholecystectomy
- Umbilical Hernia repair



Procedures that can be requested by any speciality

- Hip aspiration and biopsy
- Trial without catheter
- Blood transfusion
- Amantadine infusions
- Lung and Liver biopsy
- Iron infusion
- Joint injections

General Abbreviations

OPA/OPD Outpatients appointment/Department

ROS Removal of Sutures

DN District NursesNFU No follow up

PON&V Post op nausea and vomiting

STOP Surgical termination of Pregnancy

IVI Intravenous infusionIM Intra-Muscular injectionSC Subcutaneous Injection

PO Oral

PV Per Vagina
PR Per Rectum
PU'd Passed Urine

OPU'd Not passed Urine

CSM Colour, sensation and Movement

TTO Tablet to take home

CVA Cerebral Vascular Accident (stroke)
TIA Trans Ischemic Attack (Mini Stroke)

MI Myocardial Infarction
LMP Last menstrual period

BP Blood pressure Respiratory rate

TPR Temperature, pule and respirations

P Pulse

CPR Cardio Pulmonary resuscitation

PACU Post Anaesthetic Care Unit (recovery)

O2 Oxygen

SATS Oxygen saturationsNWB Non-weight bearsFWB Full weight bearsPWB Partial weight bears

MED 3 Fitness for work form/Sick note Examination under anaesthetic

IDDM Insulin dependent Diabetic

NIDDM Non-Insulin dependent Diabetic

WLR Waiting list repeat

RC Routine clinic

ROM Range of movement Deep vein thrombosis

VTE Venous Thromboembolism

WLE Wide local excision

SNB Sentinel Node biopsy

VV Varicose Veins

CTR Carpal Tunnel repair

LIH Left Inguinal Hernia repair
RIH Right Inguinal Hernia repair

TURT Trans Urethral Resection Tumour

PHARCO Phacoemulsification (Cataract surgery)

EPI Epidural

CIRC Circumcision Vasectomy

TWOC Trial without catheter

FESS Functional Endoscopic Sinus surgery

GA General Anaesthetic
Local Anaesthetic

SED Sedation

NEWS National Early Warning Score

If there are any more you come across, then please list them below:-

Opportunities

During your placement we will endeavour to offer you the following

- To provide you with a rota which will ensure that you follow your mentor/s with a minimum of 40% of your shifts allocated alongside them. If your mentor is on a day off, training or annual leave, you will be allocated to another member of staff as named on the rota.
- You will be allocated visit days to other key areas directly linked and relevant to patients attending Holywell Day Unit.

These include:

- Time in pre-assessment,
- Post Anaesthetic Care Unit (PACU),
- o Theatres,
- X-Ray (unless visiting as part of pathways)
- Possibly visit clinic areas e.g., ENT outpatients and Ophthalmic Suites

This exposure is only intended as a taster of how patients are seen following referrals. This will therefore show how patients are listed for surgery, identifying the need for assessment and preparation.

- ❖ To support you in prioritising and managing a group of patients care from admission to discharge, whilst using the nursing process to facilitate this.
- ❖ We will arrange for you to work within our cataract centre (with your mentor) and observe different types of eye surgery. It can also be arranged for you to see certain pain/orthopaedic operations carried out in our own theatre within the day unit.
- Allow you to attend staff development training courses (If on offer at the time of your placement.)
- ❖ To become confident and competent with the bleep system.
- ❖ To be supported in becoming both competent and confident in completing necessary documentation and that which are specific to Holywell. This will include the correct filing of notes.
- To become aware of both pre and postoperative complications for day surgical patients.

Suggested Reading Material

Benefits of Day Surgery

Nurse Led Discharge Criteria

Different types of anaesthetics

Pre-operative starvation

Pain Management

Premedication Drugs

Consciousness/Emesis and Pain assessment scale

Postoperative complications

Common types of Day Surgical Procedures Consent to treatment

Marking Verification

Evaluation of Mentorship - Holywell Ward

Holywell ward staff regard supporting students as an extremely important role for both the students and the nurses future practice and development. As well as students being required to meet their learning outcomes to progress throughout their course, it is also vital that mentors are also monitored and reviewed regularly to be deemed fit for mentoring in clinical practice. As a result of this, students are asked if they would produce an evaluation of their mentor's performance throughout their placement. This evaluation will be clear and concise, and will be set out to meet their triennial review criteria. It is requested that your comments be honest and constructive criticism is welcomed. In doing this, it will enable us as a ward and learning environment to identify areas for development and improvement for future students.

Evaluation of Mentorship Holywell Ward

Name of mentor.....

| A welcome letter and pack | Yes | No | NINAC STANDARDS |
|------------------------------|------|----|-----------------|
| was received prior, or | . 55 | | NMC STANDARDS |
| | | | 1, 2, 5 |
| during your first week of | | | |
| placement. | | | NIAC CTANDADDC |
| Were you shown how to | | | NMC STANDARDS |
| access the ward policies and | | | 1,2,3,4,5,6,7,8 |
| resources? | | | NA 40 STANDARDS |
| Were you asked about your | | | NMC STANDARDS |
| previous experience, | | | 1,2 8 |
| knowledge and skills? | | | |
| Were you provided with | | | NMC STANDARDS |
| relevant opportunities to | | | 1,2,3,4,8 |
| meet your learning | | | |
| outcomes? | | | |
| Did you receive your | | | NMC STANDARDS |
| supernumerary status | | | 2,5,8 |
| within practice and was this | | | |
| maintained? | | | |
| Were your questions | | | NMC STANDARDS |
| welcomed and appropriate | | | 1,6,7,8 |
| answers given? | | | |
| Were you welcomed and | | | NMC STANDARDS |
| respected as a team | | | 1,2,3,5,7 |
| member whilst on your | | | |
| placement? | | | |
| Did you receive your | | | NMC STANDARDS |
| interviews at the | | | 1,2,3 |
| appropriate times? | | | |
| Did you receive regular | | | NMC STANDARDS |
| feedback either | | | 1,3,4,5,8 |
| written/verbal on your | | | |
| personal progress from your | | | |
| mentor? | | | |
| | | | |

| Did your mentor demonstrate a knowledge and understanding of the university documentation? | Yes | No | NMC STANDARDS 1,2 |
|--|-----|----|------------------------------|
| Was your off duty designed to reflect your mentors working pattern, adhering to the minimum 40% of time on your placement. | | | NMC STANDARDS 1,2,3 |
| Were you given the opportunity to participate in teaching/supporting others in practice? | | | NMC STANDARDS 1,2,5,6,8 |
| Did your mentor encourage you to ask questions and rationalize your answers? | | | NMC STANDARDS 1,6,7,8 |
| Overall, did you feel well supported by your mentor for the duration of your placement? | | | NMC STANDARDS 1,2,3,5,7,8 |

| Overall Comments |
|------------------|
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Thank you for your support and feedback. Please give this completed evaluation to the LEM.